

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Cipla USA, Inc.
Attn: Biplab Mazumdar, Secretary/Treasurer
10 Independence Blvd., Suite 300
Warren, NJ 07059

Cipla USA, Inc.
Attn: Deepak Agarwal, Head of Finance
10 Independence Boulevard, Suite 300
Warren, NJ 07059

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Cipla USA, Inc.
Attn: Deepak Agarwal, Head of Finance
550 S. Research Place
Central Islip, NY 11722

Incorp Services, Inc., R/A for
Cipla USA, Inc.
919 North Market Street, Suite 950
Wilmington, DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cipla USA, Inc.
Attn: Deepak Agarwal, Head of Finance
550 S. Research Place
Central Islip, NY 11722



9590 9402 3367 7227 2943 81

2. Article Number (Transfer from service label)

7017 2400 0000 3936 7043

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☒ X☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery**

04/4

D. Is delivery address different from item 1? If YES, enter delivery address below:☐ Yes☐ No**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail
Insured Mail Restricted Delivery
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted
Delivery☒ Return Receipt for
Merchandise☐ Signature Confirmation™☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt

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9590 9402 3367 7227 2943 74

2. Article Number (Transfer from service label)

7017 2400 0000 3936 7036

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☒ X☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1? If YES, enter delivery address below:**☐ Yes☐ No**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail
Insured Mail Restricted Delivery
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted
Delivery☒ Return Receipt for
Merchandise☐ Signature Confirmation™☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt